


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	METHOD OF FORMING GAS DIELECTRIC WITH SUPPORT STRUCTURE		
Application Type : regular, utility Attorney Docket Number : BUR920030064US1			
Correspondence address: Customer Number: 23550			
			
<b>Inventors Information:</b>  <u>Inventor 1:</u> <b>Applicant Authority Type:</b> Inventor <b>Citizenship:</b> JP <b>Given Name:</b> Toshiharu <b>Family Name:</b> Furukawa <b>Residence:</b> <b>City of Residence:</b> Essex Junction <b>State of Residence:</b> VT <b>Country of Residence:</b> US <b>Address-1 of Mailing Address:</b> Nine Oakwood Lane <b>Address-2 of Mailing Address:</b> <b>City of Mailing Address:</b> Essex Junction <b>State of Mailing Address:</b> VT <b>Postal Code of Mailing Address:</b> 05452 <b>Country of Mailing Address:</b> US <b>Phone:</b> <b>Fax:</b> <b>E-mail:</b>  <u>Inventor 2:</u> <b>Applicant Authority Type:</b> Inventor <b>Citizenship:</b> US <b>Given Name:</b> Mark <b>Middle Name:</b> C. <b>Family Name:</b> Hakey			

**Residence:**

**City of Residence:** Fairfax  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 15 Bellows Street  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Fairfax  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05454  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 3:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** David  
**Middle Name:** V.  
**Family Name:** Horak  
**Residence:**  
**City of Residence:** Essex Junction  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 47 Briar Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Essex Junction  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05452  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 4:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Charles  
**Middle Name:** W.  
**Family Name:** Koburger  
**Name suffix:** III  
**Residence:**

**City of Residence:** Delmar  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 40 Roweland Avenue  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Delmar  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12054-3032  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 5:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Peter  
**Middle Name:** H.  
**Family Name:** Mitchell  
**Residence:**  
**City of Residence:** Jericho  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 390 Vermont Route 15  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Jericho  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05465  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 6:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Larry  
**Middle Name:** A.  
**Family Name:** Nesbit  
**Residence:**  
**City of Residence:** Williston  
**State of Residence:** VT

**Country of Residence:** US  
**Address-1 of Mailing Address:** 458 Wildflower Circle  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Williston  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05495  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 7:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** James  
**Middle Name:** A.  
**Family Name:** Slinkman  
**Residence:**  
**City of Residence:** Montpelier  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 882 North Street  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Montpelier  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05602  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:  
23550



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Assignee 1:

**Organization Name:** International Business Machines Corporation  
**Address-1 of Mailing Address:** New Orchard Road  
**Address-2 of Mailing Address:**

**City of Mailing Address:** Armonk

**State of Mailing Address:** NY

**Postal Code of Mailing Address:** 10504

**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**